



STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
OCCUPATIONAL LICENSING PROGRAM

CERTIFICATION OF PRESENTATION OF A
PRELIMINARY OR CONTINUING EDUCATION COURSE

FOR DEPARTMENT USE ONLY

DTN _____

Approved By _____

Disapproved By _____

Date _____

SECTION 1 - INSTRUCTIONS

Pursuant to the California Code of Regulations, Title 25, Division 1, Chapter 4, Subchapter 2, Section 5322(b) (hereinafter 25CCR), within five (5) days of the completion of each preliminary or continuing education course, including a correspondence course or a course challenge, the course provider must complete and submit this Certification of Presentation to the Department.

Fees required with this certification are as follows:

- a. Twenty-two dollars (\$22) plus seven dollars (\$7) for each attendee in a classroom type course. (25CCR Section 5360(k))
- b. Three dollars (\$3) for each correspondence course or course challenge. (25CCR Section 5360(k))

SECTION 2 - COURSE PROVIDER INFORMATION

COURSE PROVIDER NAME _____ TELEPHONE (_____) _____

BUSINESS ADDRESS _____
Number and Street City State ZIP Code

SECTION 3 - COURSE PRESENTATION INFORMATION

COURSE TITLE _____ COURSE APPROVAL NO. _____

DATE OF PRESENTATION _____ CLOCK HOURS EARNED _____

ADDRESS OF PRESENTATION _____
(Except Correspondence Courses) Number and Street City State ZIP Code

INSTRUCTOR NAME _____ INSTRUCTOR APPROVAL NO. _____

INSTRUCTOR NAME _____ INSTRUCTOR APPROVAL NO. _____

COURSE TYPE: ☐ Preliminary Education ☐ Continuing Education, Correspondence
(Check One Box)

☐ Continuing Education, Classroom ☐ Continuing Education, Challenge

SECTION 4 - PARTICIPANT INFORMATION

PRINT OR TYPE NAME BIRTHDATE HCD LICENSE NO. DRIVER LICENSE NO. COMPLETION CERTIFICATION NO.

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SECTION 4 - PARTICIPANT INFORMATION (Continued)

COMPLETION CERTIFICATION NO. _____

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☐ CHECK IF ADDITIONAL SHEET(S) ATTACHED

SECTION 5 - CERTIFICATION

I, _____, the Course Provider, do hereby certify

SIGNATURE _____ DATE _____

EXECUTED IN THE COUNTY OF _____ STATE OF _____